MH 530
Revised 02/25/09

TRANSFER OF SINGLE FIXED POINT OF RESPONSIBILITY (SFPR)

☐ **Intra-agency Transfer of SFPR**

Existing SFPR Information:
Individual/Team/Position: _____ Rendering Provider #: _____ (If Individual)

New SFPR Information:
Individual/Team/Position: _____ Rendering Provider #: _____ (If Individual)

☐ Update Primary Therapist to the above New SFPR

☐ **Inter-agency Transfer of SFPR**
Form completed by: ☐ Existing SFPR ☐ New SFPR ☐ Other _____

Existing SFPR Information
Person authorizing transfer: _____ Title/Discipline:_____ Phone #: _____

Provider Name: _____ Provider #: _____

New SFPR Information
Individual/Team/Position: _____ Phone #: _____

Provider Name: _____ Rendering Provider #: _____ (If Individual) Provider#: _____

Transfer of Information
The following forms: ☐ Will be sent ☐ Have been sent ☐ Have been received ☐ Should be sent

☐ Assessment ☐ Client Care/Coordination Plan ☐ Discharge Summary

☐ Payor Financial Info. ☐ Other: _____ Date Sent/Received: _____

Person sent to/receiving forms: _____

Fax #: _____ Phone #:_____

Our agency has been in contact with the client and transferring SFPR and accepts SFPR responsibilities as stated in DMH Policy 202.31 "Single Fixed Point of Responsibility" and the LACDMH Organizational Provider's Manual.

Signature of New SFPR: _____ Date: _____

Data Entry: (to be completed by clerical staff)

Existing SFPR deleted in the IS by: _____ Deleted on: _____

New SFPR entered in the IS by: _____ Entered on: _____

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

TRANSFER OF SINGLE FIXED POINT OF RESPONSIBILITY (SFPR)